

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10790766

FILING DATE

APPLICANT(S)

B-3-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151		1				
102							152		1				
103							153		1				
104							154		1				
105							155		1				
106							156		1				
107							157		1				
108							158		1				
109							159		1				
110							160		1				
111							161		1				
112							162		1				
113							163		1				
114							164		1				
115							165		1				
116							166		1				
117							167		2				
118							168		2				
119							169		2				
120							170		2				
121							171		1				
122							172		1				
123							173		1				
124							174						
125							175						
126							176						
127							177						
128							178						
129							179						
130							180						
131							181						
132							182						
133							183						
134							184						
135							185						
136	1						186						
137		1					187						
138		1					188						
139		1					189						
140		1					190						
141		1					191						
142	1						192						
143		1					193						
144		1					194						
145		1					195						
146		1					196						
147		1					197						
148		1					198						
149		1					199						
150		1					200						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						